



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

February 10, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-10  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: Implementation of new American Indian/Alaskan Native (AI/AN) Premium Payment Waiver Process for the Optional Targeted Low Income Children Program (OTLICP) and the Medi-Cal Access Infant Program (Reference: Medi-Cal Eligibility Division Information Letter (MEDIL) No.: I 14-12)

The purpose of this All County Welfare Director's Letter (ACWDL) is to provide guidance to counties on processing a request for waiver of premium payments for eligible AI/AN children per exemptions allowed by federal statute. This ACWDL supersedes guidance provided in MEDIL I 14-12.

## BACKGROUND

Federal statute exempts AI/AN from premiums and enrollment fees (Section 1916A(b)(3)(A) of the Social Security Act and 42 CFR 447.66(a) and Section 5006(a) of the American Recovery and Reinvestment Act), if they are eligible to receive or have received an item or service from an Indian Health Service (IHS)/Tribal 638/Urban Indian Health Program (UIHP) (I/T/U) or through a referral under Contract Health Services (CHS). The CHS Program is for medical/dental care provided away from an IHS or tribal health care facility. When IHS is unable to provide certain types of healthcare services directly in their hospitals and clinics, IHS may refer patients to receive services in the private sector. These referrals may be paid for by the CHS Program appropriations to IHS. For more information on CHS, counties can visit the IHS website at: <http://www.ihs.gov/chs/>

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Previously, under the Healthy Families Program (HFP), subscribers would provide the required proof of AI/AN ancestry with either a copy of the American Indian or Alaska Native enrollment document from a federally recognized tribe; a certificate of Degree of Indian Blood from the Bureau of Indian Affairs; or a letter of Indian Heritage from a California health clinic. The HFP Administrative Vendor (AV) would suppress future premium payment billing statements and waive premiums for these beneficiaries.

## **PROCESS TO INITIATE AI/AN PREMIUM WAIVER REQUESTS**

The County Welfare Department eligibility worker will notify the Department of Health Care Services (DHCS) AV (MAXIMUS) of clients that are found eligible for an AI/AN premium exemption by submitting a Premium Refund/Waiver Request form available to county staff only through secure distribution. Counties can request the Premium Refund/Waiver Request form by contacting the DHCS AV county liaison.

To initiate a premium waiver request for the AI/AN OTLICP beneficiary, the parent/guardian self-attests that their child applying for exemption, is eligible to receive, or has received a service, from an IHS/Tribal 638/UIHP I/T/U or through a referral under CHS. If the parent/guardian does not provide self-attestation, then the parent/guardian must submit a letter to the county on I/T/U letterhead that exempts the AI/AN beneficiary. This documentation must be maintained in the beneficiary's case file.

The county, upon receipt of the required documentation or self-attestation, submits the Premium Refund/Waiver Request form to the DHCS AV. The Premium Refund/Waiver Request form must list the names and Client Identification Number of the children in the family who are eligible for the premium waiver. The county must also provide the date the county received the documentation/self-attestation on the Premium Refund/Waiver Request form. This date becomes the start date to waive the premiums. Any premiums billed prior to the month the county receives the documentation will not be waived and are still considered due.

The DHCS AV sends the beneficiary an informing waiver exemption letter and suppresses future premiums. If all members of the family enrolled in the OTLICP are exempt, no further invoices will be sent. If there are children in the family that do not qualify for the exemption, they will continue to be billed the monthly premiums.

If you have any questions regarding this letter, please contact Maryjane Moua at (916) 552-8532 or by email at [Maryjane.Moua@dhcs.ca.gov](mailto:Maryjane.Moua@dhcs.ca.gov).

Original Signed By:

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Medi-Cal Eligibility Division